

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Maryland USA		FEC IDENTIFICATION NUMBER ▼ C C00581777	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 406 Enterprises LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2015	
Mailing Address PO Box 75727		Amount 181199.43	
City Washington	State DC	Zip Code 20013	Transaction ID : SE.4106
Purpose of Expenditure Mobile advertising (placement)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2015
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2015	
Mailing Address 5614 Connecticut Ave., NW Suite 270		Amount 3635.00	
City Washington	State DC	Zip Code 20015	Transaction ID : SE.4108
Purpose of Expenditure Mobile advertising (production, 'Declaration' 15)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2015
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	184834.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joel Riter

[Electronically Filed]

Date

MM / DD / YYYY
11 / 21 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Maryland USA	FEC IDENTIFICATION NUMBER ▼ C C00581777
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 20 / 2015	
Mailing Address 5614 Connecticut Ave., NW Suite 270		Amount 5315.00	
City Washington	State DC	Zip Code 20015	Transaction ID : SE.4110
Purpose of Expenditure Mobile advertising (production 'Declaration' 30)		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 21 / 2015
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 190149.43		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 20 / 2015	
Mailing Address 5614 Connecticut Ave., NW Suite 270		Amount 4275.00	
City Washington	State DC	Zip Code 20015	Transaction ID : SE.4111
Purpose of Expenditure Mobile advertising (production, 'Stronger America' 15)		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 21 / 2015
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 194424.43		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9590.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Joel Riter

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2015	
Mailing Address 5614 Connecticut Ave., NW Suite 270		Amount 6565.00	
City Washington	State DC	Zip Code 20015	Transaction ID : SE.4112
Purpose of Expenditure Mobile advertising (production, 'Stronger America' 30)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2015
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 200989.43		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6565.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	200989.43

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